ity, with significant correlations between the ratings 12 and 15 months for all items except one. Cronbach's alpha was found to be 0.91. **CONCLUSION:** The Swedish translation of GIQLI has a high validity and reliability for assessing gallstone-related symptoms.

PGI17

SYMPTOMS OF GASTROESOPHAGEAL REFLUX DISEASE, CONCOMITANT DISEASES, HEALTH-RELATED QUALITY OF LIFE AND WORK PRODUCTIVITY: A DATABASE STUDY IN A US COHORT

Wahlqvist P[1], Karlsson M[1], Johnson D[2], Carlsson J[1], Bolge SC[3], Wallander MA[1]

[1]AstraZeneca R&D, Mölndal, Sweden, [2]Eastern Virginia Medical School, Norfolk, VA, USA, [3]Consumer Health Sciences, Princeton, NJ, USA

OBJECTIVES: To describe the relationship between symptoms of gastroesophageal reflux disease (GERD) and self-reported concomitant diseases, health-related quality of life and work productivity. **METHODS:** An exploratory database analysis was performed on results from the 2004 National Health and Wellness Survey. US respondents with self-reported symptoms of GERD (n = 10,028, mean age: 52 years, 58% female) were age- and sex-matched to controls without GERD symptoms (n = 10,028). Information on health-related quality of life was obtained using the Short-Form (SF)-8 questionnaire. Data on health-related reduced productivity while at work or when performing daily activities were obtained using the generic version of the Work Productivity and Activity Impairment questionnaire. Respondents with GERD were classified by self-reported symptom severity (mild, moderate or severe) and frequency (low or medium-to-high: symptoms on <2 days or ≥2 days per week, respectively). **RESULTS:** Respondents with GERD had the following distribution with regard to symptom severity and frequency: 52% had mild and low; 12% mild and medium-to-high; 10% moderate and low; 18% moderate and medium-to-high; 2% severe and low; 6% severe and medium-to-high. Compared with controls, respondents with GERD symptoms had a larger number of concomitant diseases (mean difference [MD]: 1.6), lower SF-8 physical and mental health scores (MD: 4.1 and 3.1 units, respectively), more absence from work (MD: 0.9 hours per week), and a higher percentage of health-related reduced productivity while at work (MD: 7.5% units) and when performing daily activities (MD: 12.1% units). The difference between the control group and respondents with GERD increased with increasing symptom severity and/or frequency for all variables. **CONCLUSION:** Increasing severity and frequency of GERD symptoms is associated with more concomitant diseases, lower health-related quality of life, and reduced work productivity. Further studies are needed to help identify patient populations in which re-evaluating the management of GERD may be warranted.

PGI18

GASTROESOPHAGEAL REFLUX DISEASE AND HEALTH-RELATED QUALITY OF LIFE IN THE GENERAL POPULATION OF SHANGHAI, CHINA

Wallander MA[1], Johansson S[1], Wang R[2], He J[2], Yan X[2], Ma XQ[2], Cao Y[2], Wu C[2], Lu J[2], Fu Z[2]

[1]AstraZeneca R&D, Mölndal, Sweden, [2]Second Military Medical University, Shanghai, China

OBJECTIVES: To evaluate the impact of gastroesophageal reflux disease (GERD) on health-related quality of life (HRQoL) of affected individuals in Shanghai. **METHODS:** A representative sample of 1200 adults was selected using a randomized cluster sampling method. Subjects completed mainland Chinese versions of the Reflux Disease Questionnaire (RDQ), GERD Impact Scale (GIS), Quality of Life in Reflux and Dyspepsia questionnaire (QOLRAD) and Short Form-36 (SF-36). A clinically meaningful impairment of HRQoL was defined as a statistically significant decrease of ≥ 0.5 points in a 7-point QOLRAD domain or ≥ 5 points in a 100-point SF-36 domain. **RESULTS:** 1034 subjects completed the survey (response rate: 86.2%); 919 responses were suitable for analysis (mean age: 46.7 years; 55.4% female). Subjects with GERD (n = 57) had meaningfully impaired HRQoL compared with subjects without GERD (n = 862) in terms of impaired vitality (mean QOLRAD scores: 6.34 vs 7.00), food/drink problems (6.39 vs 7.00) and emotional distress (6.46 vs 7.00) (all ≤ 0.001), but not sleep disturbance (6.54 vs 7.00) and impaired physical/social functioning (6.67 vs 7.00) (both P ≤ 0.001); and in the SF-36 dimensions of role-physical (mean SF-36 scores: 71.9 vs 95.2), general health (49.2 vs 70.1), role-emotional (76.6 vs 96.4), bodily pain (76.3 vs 95.8), vitality (54.9 vs 72.9), mental health (71.9 vs 82.4) and physical function (81.4 vs 90.3) (all P < 0.001) but not social function (90.6 vs 94.5, P = 0.02). According to the GIS, the most common problems caused by GERD were interference with eating and drinking (4.1% of the study population), sleep impairment (2.5%) and reduced work productivity (2.5%). **CONCLUSION:** GERD has a clinically meaningful impact on the HRQoL of affected individuals in the general population of Shanghai. Further research is needed to assess how this effect responds to appropriate acid-suppressive therapy.

HEMATOLOGICAL DISEASES—
Clinical Outcomes Studies

PHM1

A COMPARISON OF INPATIENT OUTCOMES BETWEEN SICKLE CELL DISEASE AND NON-SICKLE CELL DISEASE PATIENTS UNDERGOING HIGH-VOLUME SURGICAL PROCEDURES

Chou CH[1], Reed SD[1], Telen MJ[2], Schulman KA[1]

[1]Duke Clinical Research Institute, Durham, NC, USA, [2]Duke University Medical Center, Durham, NC, USA

OBJECTIVES: To examine differences in length of stay and inpatient mortality between hospitalizations for patients with sickle cell disease (SCD) versus patients without SCD undergoing high-volume surgical procedures. **METHODS:** We analyzed data from the 2004 Nationwide Inpatient Sample (NIS) from the Health care Cost and Utilization Project. Clinical Classification Software (CCS) codes were used to identify discharges for patients who underwent one of six surgical procedures: (CCS 45) percutaneous transluminal coronary angioplasty (PTCA), (CCS 80) appendectomy, (CCS 84) cholecystectomy, (CCS 124) hysterectomy, (CCS 152) arthroplastic knee surgery, and (CCS 153) hip replacement. CCS code 61 was used to identify patients with SCD. National estimates were computed using weights provided in the NIS, and unadjusted comparisons of demographic and outcome variables between SCD and non-SCD were performed using chi-square and t-tests as appropriate. To adjust for correlations within hospitals, generalized estimating equations were used to compare length of stay (LOS) and inpatient mortality controlling for age and comorbidities. **RESULTS:** SCD patients undergoing all six surgical procedures were significantly younger than non-SCD patients. In unadjusted analyses, inpatient LOS was longer in SCD vs. non-SCD patients (PTCA: 2.9 vs. 2.8 days; appendectomy: 5.5 vs. 2.9; cholecystectomy: 6.3 vs. 4.7; hysterectomy: 3.4 vs. 2.7; knee arthroplasty: 5.4 vs. 3.9 and hip